FORM APPROVED Division of Health Care Facilities (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: 01 - MAIN BUILDING 01 R B. WING _ 10/18/2019 TN1916 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3939 HILLSBORO CIRCLE **GREENHILLS HEALTH AND REHABILITATION (** NASHVILLE, TN 37215 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) {N 000} {N 000} Initial Comments A Life Safety revisit survey was conducted on 10/18/2019 for the previous deficiencies cited on 02/10/2019. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.

Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A: BUILDING: 01 - MAIN BUILDING 01 B. WING TN1916 02/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3939 HILLSBORO CIRCLE **GREENHILLS HEALTH AND REHABILITATION** (NASHVILLE, TN 37215 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) N 000 Initial Comments N 000 Stories: 3 Construction Type: NFPA, II (000); IBC, II unprotected No plans available on site Constructed: 1989 Sprinklered: Yes Census: 88 Certified beds: 150 A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 02/10/2019. During this Life Safety Survey, Green Hills Health and Rehabilitation was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The requirements at 1200-080-06, Standards for Nursing Homes is NOT MET as evidenced by: **** All penetrations requiring fire stop shall be repaired in accordance with a tested and approved fire stop system meeting the requirements of the UL (Underwriters Laboratory) assembly to which the fire stop is being applied. The system used shall be recorded and documentation shall be maintained for the life of the installation. Fire stop systems used shall be made available to surveyors. N 831 1200-8-6-.08 (1) Building Standards N 831 (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a 3/30/2019 Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet 1 of

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		TN1916	B. WING		02/1	0/2019	
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3939 HILLSBORO CIRCLE NASHVILLE, TN 37215						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
	manner that the sar residents are assured to the findings included as Type II unprotect in the interstellar spaceiling on the 1st, 2rd appear to be protect (The facility could not construction of the be (2012 Edition) This deficiency was maintenance directed during a telephone of the telephone	fety and well-being of the red. et as evidenced by: ons, the facility failed to al plant and overall	N 831	Building standards state audit of the following deficiencies: 1. Interstellar spaces above the suspended ceiling were not proby fire-resistance material. 2. Multiple penetrations in stee and metal clad wires were not properly in the 1 hour fire rates gypsum board walls of the 1st boiler/mechanical room. 3. Gypsum board damaged wanot sealed to the deck with penetrations by conduit and standsteed fire-rated gypsum wall the ceiling in elevator equipmed #1. 4. Walls were not sealed at the and penetrations by bar-joists a conduits not sealed properly in hour labeled fire-rated gypsum walls above the ceiling around elevator equipment room #1. 5. Penetration in the gypsum be wall by 2 steel pipes and metal wire were not sealed properly 1st floor north stairwell. 6. Penetration in the gypsum be wall by 2 steel pipes and metal wire were not sealed properly 1st floor south stairwell.	el pipes sealed d floor lls were eel pipes ur s above ent room deck and a the 2 a board l clad in the looard l clad in the		

(X5) COMPLETE DATE

Divisio	on of Health Care Fac	ilities			RM APPRO	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING: 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		TN1916	B. WING		02/10/2019	
	PROVIDER OR SUPPLIER HILLS HEALTH AND R	REHABILITATION (3939 HILI	DDRESS, CITY, LSBORO CI LE, TN 372			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
	above the ceiling in NFPA 101. 8.3.1.2 (8.3.5.1 (2012 Edition Edition) 4. Observation on 0 revealed the walls wand penetrations by sealed properly in the gypsum board walls elevator equipment (2012 Edition) NFPA 5. Observation on 02 revealed penetration by 2 steel pipes and properly in the 1st fit 8.3.1.2 (2012 Edition Edition) 6. Observation on 02 revealed penetration by 2 steel pipes and properly in the 1st fit 8.3.1.2 (2012 Edition Edition)	elevator equipment room #1. 2012 Edition) NFPA 101, n) NFPA 101, 8.3.6.6 (2012 2/10/2019 at 12:12 PM, were not sealed at the deck bar joists and conduits not see 2 hour labeled fire rated above the ceiling around room #1. NFPA 101. 8.3.1.2 (101, 8.3.5.1 (2012 Edition) 2/10/2019 at 12:18 PM, as in the gypsum board wall metal clad wire not sealed for south stairwell. NFPA 101. (1) NFPA 101, 8.3.5.1 (2012 2/10/2019 at 12:42 PM, s in the gypsum board wall metal clad wire not sealed for north stairwell. NFPA 101. (1) NFPA 101, 8.3.5.1 (2012 2/10/2019 at 12:42 PM, s in the gypsum board wall metal clad wire not sealed for north stairwell. NFPA 101. (1) NFPA 101, 8.3.5.1 (2012 2012 2012 2012 2012 2012 2012 20	N 831	DEFICIENCY)		

Division of Health Care Facilities

7. Observation on 02/10/2019 at 12:47 PM,

patch; wall unsealed at the deck; and

revealed in the corridor above the suspended ceiling a hole patched with fire caulk; blow out

penetrations by communication wires conduits

metal pipes, and bar joists not sealed properly

8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012

Edition) NFPA 101, 8.3.6.6 (2012 Edition)

8. Observation on 02/10/2019 at 12:54 PM,

revealed in room 135 above the suspended

around the 2 hour fire rated gypsum board walls to the North stairwell on the 1st floor. NFPA 101. was missing from wall. Penetrations

by bar joists and metal clad wire were

board wall above the ceiling in the 2nd

11. The 1 hour fire-rated gypsum

floor east hall was not sealed to the

deck. The wall had gypsum board

missing, penetrations by electrical

communication wires, and copper

pipes were not sealed properly.

conduits, metal clad wires,

not sealed properly.

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PRINTED: 02/15/2019 FORM APPROVED Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A: BUILDING: 01 - MAIN BUILDING 01 B. WING TN1916 02/10/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3939 HILLSBORO CIRCLE **GREENHILLS HEALTH AND REHABILITATION (** NASHVILLE, TN 37215 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) 12. The 1 hour fire-rated gypsum N 831 Continued From page 3 N 831 board wall above the ceiling in the 2nd ceiling gypsum board missing at the deck, and floor east hall in the dayroom was not penetrations \by conduits and metal clad wires sealed to the deck, and had not sealed properly around the 2 hour fire rated penetrations by metal clad wires and gypsum board walls to the North stairwell on the 1st floor, NFPA 101, 8.3, 1.2 (2012 Edition) NFPA iteel pipes not sealed properly. 101, 8.3.5.1 (2012 Edition) 13. 1 hour gypsum board smoke parrier wall in 2nd floor north above 9. Observation on 02/10/2019 at 1:04 PM, ceiling in room 224 was not sealed to revealed the 1 hour fire rated gypsum board smoke barrier wall above the ceiling in the 2nd the deck and had penetrations by floor electrical room was not sealed to the deck. metal conduits, metal clad wires, and NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, flexible conduits not sealed properly. 8.5.7.4 (2012 Edition) 14. The 1 hour fire-rated gypsum board smoke barrier wall above the 2nd 10. Observation on 02/10/2019 at 1:12 PM. revealed the following in the 1 hour fire rated floor north ceiling in 223 was not gypsum board smoke barrier wall above the sealed to the deck. Wall had gypsum ceiling in the 2nd floor therapy storage room: not board missing and had penetrations by sealed to the deck, gypsum board missing from steel pipes, metal clad wires, and bar wall, penetrations \by bar joist and metal clad joists not sealed properly. wires not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) 15. The 1 hour fire-rated gypsum NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101. board smoke barrier wall above the 2nd 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 floor north ceiling in 225 was not Edition) NFPA 101, 8.5.7.4 (2012 Edition) sealed to the deck. Penetrations by steel pipes, metal clad wires, and 11. Observation on 02/10/2019 at 1:51 PM, revealed the 1 hour fire rated gypsum board electrical conduits. smoke barrier wall above the ceiling in the 2nd 16. The 1 hour fire-rated gypsum floor east hall was not sealed to the deck, the wall board smoke barrier wall above the 2nd had gypsum board missing, and had penetrations floor north ceiling in 226 was not by electrical conduits, metal clad wires,

Division of Health Care Facilities

communication wires and copper pipes not sealed properly. NFPA 101, 19.3.7.3 (2012)

Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA

101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2

12. Observation on 02/10/2019 at 1:53 PM,

NFPA 101, 8.5.7.4 (2012 Edition)

(2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition)

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sealed to the deck. Penetrations of

17. The 1 hour fire-rated gypsum

pipes and electrical conduits not

not sealed properly.

sealed properly.

metal clad wiring, electrical conduits

board smoke barrier wall above the 3rd

floor ceiling room 325 was not sealed to the deck. Penetrations by steel

PRINTED: 02/15/2019 FORM APPROVED Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: 01 - MAIN BUILDING 01 B. WING 02/10/2019 TN1916 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3939 HILLSBORO CIRCLE GREENHILLS HEALTH AND REHABILITATION NASHVILLE, TN 37215 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE ID (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (FACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 18. The I hour fire-rated gypsum Continued From page 4 N 831 board smoke barrier wall above the 3rd N 831 floor north ceiling room 324 not revealed the 1 hour fire rated gypsum board smoke barrier wall above the ceiling in the 2nd sealed the deck. Penetrations by floor east hall in the day room was not sealed to electrical conduits not sealed properly. the deck, and had penetrations by metal clad 19. The 1 hour fire-rated gypsum wires, and steel pipes not sealed properly. NFPA board smoke barrier wall above the 3rd 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) floor north ceiling in room 327 were NFPA 101. 8.3.1.2 (2012 Edition) NFPA 101, not sealed the deck. Penetrations by 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 steel pipes, metal clad wires, and Edition) electrical conduits were not sealed 13. Observation on 02/10/2019 at 2:00 PM, properly. 20. The 1 hour fire-rated gypsum revealed the 1 hour fire rated gypsum board 2nd board smoke barrier wall above the 3rd floor North smoke barrier wall above the ceiling in room 224 (observed from corridor) was not floor north ceiling room 326 was not sealed to the deck, and had penetrations by sealed the deck. Penetrations by metal electrical conduits, metal clad wires, and flexible clad wiring, electrical conduits not conduits not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) sealed properly. NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101. 21. The 1 hour fire-rated gypsum 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 board smoke barrier wall above the 3rd Edition) NFPA 101, 8.5.7.4 (2012 Edition) floor south ceiling in room 301 was not sealed the deck. Penetrations by 14. Observation on 02/10/2019 at 2:03 PM. revealed the 1 hour fire rated gypsum board 2nd metal clad wiring and electrical floor North smoke barrier wall above the ceiling in conduits not sealed properly. room 223 (observed from corridor) was not 22. The 1 hour fire-rated gypsum sealed to the deck, the wall had gypsum board board smoke barrier wall above the 3rd missing, and had penetrations by steel pipes, metal clad wires, and bar joists not sealed floor south ceiling room 302 was not properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA sealed the deck. 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3

(2012 Edition) NFPA 101. 8.3.1.2 (2012 Edition)

revealed the 1 hour fire rated gypsum board 2nd

floor North smoke barrier wall above the ceiling in room 225 (observed from corridor) was not

NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101,

15. Observation on 02/10/2019 at 2:05 PM,

8.5.7.4 (2012 Edition)

23. The 1 hour fire-rated gypsum

board smoke barrier wall above the 3rd

floor south ceiling in room 301 was

not sealed the deck. Penetrations by

metal clad wiring and electrical

conduits not sealed properly.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(-2)			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDEN		IDENTIFICATION NUMBER:	A, BUILDING: 01 - MAIN BUILDING 01		COMIT EL TED	
		TN1916	B. WING		02/10	0/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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GREENF	HILLS HEALTH AND R	NASHVILI	LE, TN 3721	15		
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N 831	sealed to the deck, pipes, metal clad w not sealed properly Edition) NFPA 101, 101, 8.5.6.3 (2012 Id) (2012 Edition) NFPA 101, 8.5.7.4 (16. Observation on revealed the 1 hour floor North smoke broom 226 (observed sealed to the deck, clad wires, and election of	and had penetrations by steel ires, and electrical conduits. NFPA 101, 19.3.7.3 (2012 8.5.3 (2012 Edition) NFPA Edition) NFPA 101. 8.3.1.2 A 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.6.3 A 101. 8.3.1.2 (2012 Edition) 2012 Edition) NFPA 101,		board smoke barrier wall above floor south ceiling in room 303 not sealed the deck. Penetration metal clad wires and electrical conduits not sealed properly. 25. The wall at the deck was not sealed and penetrations by bar just sealed properly in the 2 hou labeled gypsum board walls above ceiling in elevator shaft #2 on 326. The 1 hour fire-rated gypsum board smoke barrier wall above floor south ceiling in wound car office was not sealed the deck. Penetrations by unit strut and ar steel not sealed properly.	the 3 rd was as by of oists r ove the off floor. n the 3 rd re	es.
	17. Observation on revealed the 1 hour floor North smoke be room 325 (observed sealed to the deck, pipes, and electrical NFPA 101, 19.3.7.3 8.5.3 (2012 Edition) Edition) NFPA 101. 8.3.5.1 (2012 Edition) 18. Observation on revealed the 1 hour floor North smoke be room 324 (observed sealed to the deck, a electrical conduits not 19.3.7.3 (2012 Edition)	02/10/2019 at 2:13 PM, fire rated gypsum board 3rd arrier wall above the ceiling in a from corridor) was not and had penetrations by steel conduits not sealed properly. (2012 Edition) NFPA 101, NFPA 101, 8.5.6.3 (2012 8.3.1.2 (2012 Edition) NFPA Edition) NFPA 101, 8.5.7.4 02/10/2019 at 2:14 PM, fire rated gypsum board 3rd arrier wall above the ceiling in 1 from corridor) was not and had penetrations by ot sealed properly. NFPA 101, pn) NFPA 101, 8.5.3 (2012 8.5.6.3 (2012 Edition) NFPA	ji.	Contractor Bluefire Firestop, L complete all noted repairs as a contracted to complete needed on 3/6/2019. Work is to begin 3/11/2019. Workers will be he Monday thru Friday with the estimated time frame of 6 week been given.	een I repairs ere	

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FORM APPROVED Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 - MAIN BUILDING 01 B. WING 02/10/2019 TN1916 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3939 HILLSBORO CIRCLE **GREENHILLS HEALTH AND REHABILITATION (** NASHVILLE, TN 37215 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 831 N 831 Continued From page 6 An inspection of above ceiling fire 101. 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 walls will be completed monthly by (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition) the Maintenance director/designee. 19. Observation on 02/10/2019 at 2:17 PM, revealed the 1 hour fire rated gypsum board 3rd Any above ceiling work to be floor North smoke barrier wall above the ceiling in completed will have the maintenance room 327 (observed from corridor) was not Director/designee present. Any Fire sealed to the deck, and had penetrations by steel Wall the penetration will be required pipes, metal clad wires, and electrical conduits will be coordinated with the building not sealed properly. NFPA 101, 19.3.7.3 (2012) Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA and Blue Stop Fire for needed repairs. 101, 8.5.6.3 (2012 Edition) NFPA 101. 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) Results on above ceiling fire wall NFPA 101, 8.5.7.4 (2012 Edition) inspections and repairs will be 20. Observation on 02/10/2019 at 2:18 PM. reported to the monthly QAPI meeting 3/30/2019 revealed the 1 hour fire rated gypsum board 3rd floor North smoke barrier wall above the ceiling in room 326 (observed from corridor) was not sealed to the deck, and had penetrations by metal clad wires, and electrical conduits not sealed properly. NFPA 101, 19.3.7.3 (2012) Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition) 21. Observation on 02/10/2019 at 2:23 PM, revealed the 1 hour fire rated gypsum board 3rd floor South smoke barrier wall above the ceiling in room 301 (observed from corridor) was not sealed to the deck, and had penetrations by metal clad wires, and electrical conduits not sealed properly. NFPA 101, 19.3.7.3 (2012) Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition)

NFPA 101, 8.5.7.4 (2012 Edition)

22. Observation on 02/10/2019 at 2:25 PM,

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1)

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING: 01 - MAIN BUILDING 01		l com	LLILD
TN1916		B, WING		02/10/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
GREENI	HILLS HEALTH AND R	EHARITTATION	SBORO CIR			
	CHAMADY STA	TEMENT OF DEFICIENCIES	LE, TN 3721	PROVIDER'S PLAN OF CORRECTION	ON	(VE)
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N 831	Continued From page 7		N 831			
	floor South smoke to room 302 (observed sealed to the deck. Edition) NFPA 101, 101, 8.5.6.3 (2012 Edition)	fire rated gypsum board 3rd parrier wall above the ceiling in d from corridor) was not NFPA 101, 19.3.7.3 (2012 8.5.3 (2012 Edition) NFPA Edition) NFPA 101. 8.3.1.2 A 101, 8.3.5.1 (2012 Edition) 2012 Edition)				
	revealed the 1 hour floor South smoke b room 301 (observed sealed to the deck, a metal clad wires, an sealed properly. NFI Edition) NFPA 101, 8 101, 8.5.6.3 (2012 E	02/10/2019 at 2:26 PM, fire rated gypsum board 3rd parrier wall above the ceiling in I from corridor) was not and had penetrations by delectrical conduits not PA 101, 19.3.7.3 (2012 8.5.3 (2012 Edition) NFPA (idition) NFPA 101, 8.3.1.2 (a.101, 8.3.5.1 (2012 Edition) 2012 Edition)	×			3 :
	revealed the 1 hour floor South smoke b room 303 was not se penetrations by meta conduit not sealed p (2012 Edition) NFPA NFPA 101, 8.5.6.3 (2 8.3.1.2 (2012 Edition	02/10/2019 at 2:27 PM, fire rated gypsum board 3rd arrier wall above the ceiling in ealed to the deck, and had al clad wires and electrical roperly. NFPA 101, 19.3.7.3 .101, 8.5.3 (2012 Edition) 2012 Edition) NFPA 101. NFPA 101, 8.3.5.1 (2012 B.5.7.4 (2012 Edition)				
	revealed the wall at t penetrations by bar j the 2 hour labeled fir above the ceiling in e	02/10/2019 at 2:28 PM, the deck was not sealed and to oists not sealed properly in the rated gypsum board walls televator shaft #2 on the 3rd 1.2 (2012 Edition) NFPA dition)				

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FORM APPROVED Division of Health Care Facilities (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 01 - MAIN BUILDING 01 B. WING TN1916 02/10/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3939 HILLSBORO CIRCLE **GREENHILLS HEALTH AND REHABILITATION** (NASHVILLE, TN 37215 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 831 N 831 Continued From page 8 26. Observation on 02/10/2019 at 2:27 PM, revealed the 1 hour fire rated gypsum board 3rd floor South smoke barrier wall above the ceiling in the wound care office was not sealed to the deck. and had penetrations by unit strut and angle steel not sealed properly. NFPA 101, 19.3.7.3 (2012) Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition) The residential style hood suppression The Maintenance Director was present when these deficiencies were identified and these system on the residential style stove in deficiencies was acknowledged by the Regional the Therapy Apartment cord was Staff Development Manager and the removed to make in inoperable on Rehabilitation Program Director during the exit conference on 02/10/2019. 3/5/19 N 835 N 835 1200-8-6-.08 (5) Building Standards There are no other hood suppression systems outside the kitchen (5) No new nursing home shall be constructed, nor shall major alterations be made to an existing Facility is to obtain plans and submit to nursing home without prior written approval of the department, and unless in accordance with plans the Department of Health for approval and specifications approved in advance by the before the residential style Hood department. Before any new nursing home is Suppression will be operable. licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of Maintenance director was educated by plans and specifications to the department, the Nursing Home Administrator that together with fees and other information as alterations or construction without required. Plans and specifications for new construction and major renovations, other than prior approval from the Department of minor alterations not affecting fire and life safety Health. or functional issues, shall be prepared by or under the direction of a licensed architect and/or Any construction or major renovation a licensed engineer and in accordance with the

rules of the Board of Architectural and

Engineering Examiners.

3/30/2019

will be presented to the monthly QAPI

Committee for approval.

FORM APPROVED Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A: BUILDING: 01 - MAIN BUILDING 01 B. WING TN1916 02/10/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3939 HILLSBORO CIRCLE **GREENHILLS HEALTH AND REHABILITATION** NASHVILLE, TN 37215 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 835 N 835 Continued From page 9 This Rule is not met as evidenced by: Based on interview, the facility conducted renovation without prior approval from the Tennessee Department of Health. The findings included: Interview with Maintenance Director on 02/10/2019 at 11:38 AM, revealed the facility installed a residential style hood suppression system on the residential style stove in the therapy apartment without prior approval from the Tennessee Department of Health. The Maintenance Director was present when this deficiency was identified and this deficiency was acknowledged by the Regional Staff Development Manager and the Rehabilitation Program Director 2018 Annual Earthquake drills during the exit conference on 02/10/2019. were completed on March 2, 2018 and September 28, 2018. N1410 1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness N1410 The 2019 Annual Earthquake (2) Physical Facility and Community Emergency drill/training will be completed Plans. by March 15, 2019. (a) Physical Facility (Internal Situations). The Annual Training for

Division of Health Care Facilities

5. Each of the following disaster preparedness

determination, testing personnel safety provisions

community agencies. Records which document

and evaluate these drills must be maintained for

plans shall be conducted annually prior to the month listed in the plan. Drills are for the

and communications with other facilities and

purpose of educating staff, resource

3/30/2019

Earthquake drills will be

Results of the Earthquake

training will be presented to

the Monthly QAPI committee.

scheduled annually

PRINTED: 02/15/2019 FORM APPROVED Division of Health Care Facilities (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED. **IDENTIFICATION NUMBER:** A. BUILDING: 01 - MAIN BUILDING 01 B. WING 02/10/2019 TN1916 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3939 HILLSBORO CIRCLE **GREENHILLS HEALTH AND REHABILITATION** (NASHVILLE, TN 37215 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) N1410 N1410 | Continued From page 10 at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (i) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on document review, revealed the facility failed to exercise the external disaster procedures plan prior to march annually The findings included: Document review on 02/10/19 at 10:50 AM, the facility could not provide documentation of an earthquake drill during 2018. The Maintenance Director was present when these deficiencies were identified and these deficiencies was acknowledged by the Regional

Division of Health Care Facilities STATE FORM

Plans.

Staff Development Manager and the

N1411 1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness

(a) Physical Facility (Internal Situations).

conference on 02/10/2019.

Rehabilitation Program Director during the exit

(2) Physical Facility and Community Emergency

5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the

Disaster preparedness:

The bomb threat drill training

not available to surveyor. The 2018 bomb threat drill was

completed on March 2, 2018.

documentation for 2018 was

N1411

PRINTED: 02/15/2019

FORM APPROVED Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: 01 - MAIN BUILDING 01 B. WING 02/10/2019 TN1916 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3939 HILLSBORO CIRCLE **GREENHILLS HEALTH AND REHABILITATION** (NASHVILLE, TN 37215 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N1411 N1411 Continued From page 11 The 2019 Bomb threat drill/training will be completed purpose of educating staff, resource determination, testing personnel safety provisions by March 15, 2019. and communications with other facilities and community agencies. Records which document The 2019 Annual Earthquake and evaluate these drills must be maintained for drill/training will be completed at least three (3) years. by March 15, 2019. (iii) Bomb Threat Procedures Plan, to be exercised at any time during the year: The Annual Training for Bomb threat drill will be scheduled (I) Staff duties by department and job annually assignment; and, (II) Search team, searching the premises. Results of the Bomb Threat drills/training will be presented to the Monthly QAPI 3/30/2019 committee. This Rule is not met as evidenced by: Based on document review, revealed the facility failed to exercise the internal disaster procedures plan prior to march annually The findings included: Document review on 02/10/19 at 10:50 AM, the facility could not provide documentation of a bomb threat drill during 2018. The Maintenance Director was present when these deficiencies were identified and these deficiencies was acknowledged by the Regional Staff Development Manager and the Rehabilitation Program Director during the exit conference on 02/10/2019.